

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2010
NAME OF PROVIDER OR SUPPLIER U M C OF SOUTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/09/10 and finalized on 09/09/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00026369 was substantiated with deficiencies cited. (See Tag #S0512)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 512 SS=D	<p>NAC 449.379 Medical Records</p> <p>3. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. A hospital shall use a system for author identification and record maintenance that ensures the integrity of the authentication of the record and protects the security of all entries to a medical record.</p> <p>This Regulation is not met as evidenced by:</p>	S 512	<p><i>Approved Accepted 9/30/10</i></p> <p>Tag S 512</p> <p>How the corrective action will be accomplished: Medical Staff Rules & Regulations to be revised to state that R-3 or more Senior Residents and/or Attending Physicians are the only authorized Physicians to complete a Death Certificate.</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kathleen Silver

Chief Executive Officer

9/28/10

STATE FORM

6899

HJ8411

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SEP 30 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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S 512	<p>Continued From page 1</p> <p>Based on interview, record review and document review the facility failed to ensure a physician accurately documented the cause of death on the death certificate of a patient who died at the facility following surgery. (Patient #1)</p> <p>1. On 09/09/10 at 2:25 PM, Physician #2 acknowledged Patient #1s cause of death on the death certificate should have included perforated cancer of the colon and ischemia secondary to cardiac arrest as contributing causes to the patients death.</p> <p>Severity: 2 Scope: 1</p> <p>Complaint # 26369</p>	S 512	<p>Tag S 512 (continued)</p> <p>What measures will be put into place or systematic changes made to ensure the deficient practice will not recur: The Rules & Regulation revision to be presented and implemented at the October 26, 2010 Medical Executive Committee. Written Physician education regarding accuracy of cause of death documentation will be provided real time effective September 20, 2010.</p> <p>How will facility monitor its corrective actions: Health Information Management Department (Medical Records) to copy death certificates completed at UMC. These completed death certificates will be reviewed for completeness for a six month period by Performance Improvement.</p> <p>Responsible Person(s): Chief of Staff & Director Health Information Management</p> <p>Date Completed: 10/26/10 Medical Staff Rules & Regulations revised 9/20/10 Physician Education Complete 5/1/11 Death Certificate Audit Complete</p>	

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SEP 14 2010

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